Virginia Department of Health
Center for Primary Care and Rural Health

Primary Care Workforce and Health Access Initiatives
Annual Report

Authorization

Section 32.1-122.22 of the *Code of Virginia* provides that the Commissioner shall submit an annual report to the Governor and the General Assembly regarding the Department's activities in recruiting and retaining health care providers for underserved populations and areas and health professional shortage areas (HPSAs) throughout the Commonwealth. The annual report shall include, but not be limited to, information on: (i) the activities and accomplishments of the Department during the report period; (ii) planned activities for the coming year; (iii) the number and type of providers who have been recruited to care for Virginia's underserved populations and practice in underserved areas and HPSAs in Virginia as a result of Department activities; (iv) the retention rate of providers who have located in underserved areas and HPSAs as a result of Department activities; (v) the utilization of the scholarship and loan repayment programs authorized in Article 6 (§ 32.1-122.5 et seq.) of this chapter as well as other programs or activities authorized in the appropriation act for provider recruitment and retention; and (vi) recommendations for new programs, activities and strategies for increasing the number of providers in Virginia's underserved areas and HPSAs and serving Virginia's underserved populations. The annual report shall be submitted by October 1 of each year.

Background

Mission

In 1994, the Virginia Department of Health (VDH) applied for the Robert Wood Johnson Practice Sights Initiative Grant (RWJ Grant) in cooperation with the Joint Commission on Health Care (JCHC). At that time, the Department's Center for Primary Care and Rural Health developed a mission statement.

The mission of the Center pursuant to the RWJ Grant has been to forge partnerships that help build and maintain healthy communities and populations throughout Virginia. The Center, in fulfilling this mission, strives to:

- **Assist** Virginia's communities in developing the conditions in which their citizens can be healthy,

- **Consult** with communities to determine their vision for a healthy community and to empower them for action,

- **Assemble** the best possible teams of experts to assist communities in meeting the challenges of their new healthcare marketplace,

- **Assess** the status of Virginia's healthcare market regions to determine the availability and accessibility of primary care services,

- **Disseminate** information and data, and promote research, which will provide the basis for development and change within the health and health care system,

- **Facilitate** the recruitment and retention of Virginia trained primary care professionals in medically underserved areas of the Commonwealth, and

- **Pursue** adequate funding resources to develop its programs.

History

The Virginia Statewide Health Coordinating Council in 1989 developed a *Five Point Plan for Strengthening the Primary Care System* (*Five Point Plan*). The *Five Point Plan's* proposals were accomplished through funding by the General Assembly, federal sources, and private foundation grants to the VDH, Center for Primary Care and Rural Health, other state agencies, and private entities. The *Five-Point Plan*'s proposals and our accomplishments are summarized as follows:

✓ **Revise the Existing (1989) Medical Scholarship Fund**

Since VDH assumed the responsibility of administering this program in Fiscal Year 1990-91, scholarships have been awarded to approximately 150 recipients, thereby providing almost 300 years of medical practice in Virginia's underserved communities.

✓ **Establish a Physician Loan Repayment Program**

Virginia participates in the National Health Service Corps State Loan Repayment Program called the National Health Service Corps-Virginia Loan Repayment Program. In addition, the Commonwealth has established its own Loan Repayment Program called the Virginia Loan

Repayment Program. This state-funded program will become fully functional in fiscal year 2001.

- ✓ **Support Increased Medicaid Payments to Primary Care Physicians**

HCFA has certified more than 70 Rural Health Clinics and now funds 32 Community Health Centers. By virtue of the certification, these clinics all received cost-based Medicaid/Medicare payments substantially above standard fee-for-service payments. In addition the Center has begun a practice management support program which has concentrated on improving billing practices of physicians in medically underserved areas of the Commonwealth.

- ✓ **Develop a Statewide Area Health Education Center (AHEC) Program**

The Virginia Statewide AHEC, in coordination with the Center, is a significant focal point for the health care workforce and health access programs in the Commonwealth. The Center, the Statewide AHEC and the seven regional AHECs, Virginia Tech's Institute for Community Health, Southwest Virginia Graduate Medical Education Consortium (GMEC) have formed a comprehensive network encompassing other organizations, agencies, and programs who are attempting to improve access to health care services in Virginia.

- ✓ **Establish a Primary Care Center Construction Fund**

Through the coordinating efforts of the Virginia Health Care Foundation and the Robert Wood Johnson Loan Fund, Virginia has a low interest loan program for primary care providers in Virginia's medically underserved areas.

The Five-Year Action Plan. *The Five Point Plan* provided the basis for the *Five-Year Action Plan, Improving Access to Primary Health Care Services in Medically Underserved Areas and Populations of the Commonwealth.* The State Health Commissioner presented the plan to the Joint Commission on Health Care in October of 1996. In fiscal year 1999 the General Assembly appropriated $325,000 per annum to fund the initiatives in the *Five-Year Action Plan* and to continue the efforts begun by the Virginia Department of Health (VDH) and the Joint Commission on Health Care under the Robert Wood Johnson Foundation, Practice Sights Initiative Grant. The funds support recruitment and retention activities, provide a match for the federal rural health grant, partially covers support staff for the scholarship and loan repayment programs, and public private models and initiatives described below as the Virginia Health Access

Network (VHAN). This annual report is for the second year of the five-year action plan and has been structured to reflect the accomplishments the Center has made toward the plan's goals.

The action plan addresses health access issues by looking at four strategic areas, which are listed and will be discussed in detail below:

- Public Private Partnerships
- Primary Care for Vulnerable Populations and the Uninsured to Reduce Health Disparities
- Data Gathering, Research and Application
- Primary Care Workforce Initiatives.

This annual report will demonstrate how these earlier programs, initiatives, and plans are evolving and are being integrated into a coherent strategy to improve access to care within the Commonwealth.

(i) The activities and accomplishments of the Center for Primary Care and Rural Health during the report period;

Public Private Partnerships

The Center has collaborated with public and private sector leaders to initiate and facilitate partnerships and leverage state funds to enhance access to primary care. In order to leverage limited federal and state funds as well as secure the cooperation of statewide organizations and local communities, public private partnerships have been viewed as imperative and remains as one of the top priorities of VDH. The Center's activities are designed to be inclusive and supportive of all statewide and community efforts to improve access to health care in the Commonwealth. To accomplish this goal within the past year, the Center has established the Virginia Health Access Network (VHAN). The VHAN brings together the public/private sector organizations having a common focus on specific health access issues.

The VHAN, by virtue of its cooperative nature, optimizes the Commonwealth's investments. It reduces multiplication of programs by bringing like-minded organizations together. As partners, its mission is to foster increased access to health care resources throughout the Commonwealth. The charter members of VHAN are all non-

direct providers of care whose mission is to improve health access at the community level. They charter members are: the VDH-Center for Primary Care and Rural Health, Virginia Tech-Institute for Community Health, Southwest Virginia Graduate Medical Education Consortium, Blue Ridge Area Health Education Center (AHEC), Southwest Virginia AHEC, Southside AHEC, Northern Virginia AHEC and Rappahannock AHEC.

VHAN focuses on solutions to "health access *problems*" and not the "health access *program*." VHAN has emerged as the central planning and funding mechanism which ensures the Commonwealth's health care workforce and health access initiatives are designed, administered, and funded in a coordinated manner. It is becoming a focal point for bringing together private and public sector organizations and communities with a common concern for addressing specific health access problems. Among other outreach efforts, VHAN News is sent quarterly to over 17,000 Virginians, who have an interest in primary care, rural health, and health access issues.

Within the past year, the Center has established several memoranda of agreement (MOA) which have formed the core of the VHAN activities. These MOAs reflect specific collaborative relationships within VHAN and do not represent the total activities of these organizations. These VHAN activities are listed in the Table 1 below:

TABLE 1
The Virginia Health Access Network

Organizational Lead	Scope of Services	Accomplishments
Rappahanock AHEC	**Virginia Health Access News** A statewide quarterly newsletter fostering increased access to health care resources throughout the Commonwealth. This MOA also requires a web site that will link all VHAN partners and other health work force and health access sites.	Two issues of the newsletter were published last year (See Appendix A). A web site is scheduled to be accessible by the Fall of 2000.
Blue Ridge AHEC	**Recruitment and Retention Network** The key component of this effort is Primary Practice Opportunities, an interactive web site displaying practice opportunities for physicians, nurse practitioners and physician assistants. The site links local community and professional resources to aid the prospective recruit in his choice to choose Virginia.	The web site has been operational since July 1999 and is presently located at http://www.ppova.org. This site has facilitated eight placements in medically underserved areas since January 2000; two family physicians, two pediatricians, one physician assistant and two nurse practitioners. The site has reported over 3,000 "hits".
Northern Virginia AHEC	**Multicultural Health Network** The focus of this MOA is to establish and maintain a network to strengthen the connections among health professionals involved with multicultural populations in Virginia and to facilitate communication between these providers, the AHECs and migrant and immigrant service organizations.	Through this agreement a medical language bank that provides certified medical translators to medical personnel has been established. Two programs were presented, one in Northern Virginia and one in Harrisonburg to certify volunteers. The plan is to continue the training across the Commonwealth. A conference on multicultural health issues was presented in May (See Appendix B).

Table 1, Cont.

Organizational Lead	Scope of Services	Accomplishments
Virginia Tech, Institute for Community Health	**Community Health Care Coalition Network** This MOA establishes a focal point for local community health coalitions, advisory boards and councils throughout the Commonwealth. The Institute maintains a listing of health care coalitions, which can be accessed through a web-based locator map	The development of a web site that can be viewed at http://www.chre.vt.edu/ICH/coalitions.htm
Virginia Tech, Institute for Community Health	**Community Health Advisor /Workers Network** This project involves the development of a statewide listing of both local and statewide Community Health Advisor programs (also known as Lay Health Advisors). Research is underway to identify multiple methods of communicating and disseminating information to these programs. A bibliography, resource list, and a collection of curricula have been developed. This Network has a web locator map and is working on additional program resources including trainers' materials and curricula.	The development of a web site that can be viewed at http://www.chre.vt.edu/ICH/ccc.htm
Southwest AHEC	**Behavioral/Mental Health and the Primary Care Network** Southwest Virginia AHEC and the Center are partnering with community service boards, physicians and medical societies, mental health associations, hospitals and health care organizations to create a continuing medical education program on prevention, diagnosis, and treatment of mental illness within the primary care setting. This program will foster innovative methods for learning and communicating among providers to ensure continuity of care and a focus on behavioral health at the community level.	Application for CME credits has been applied for and the curriculum developed.
Southwest AHEC and the Institute for Community Health	**Health Literacy Network** After a very successful Health Literacy Conference (1998) it was determined that health communication experts needed to be in closer communication with each other. A Network was developed focusing on health literacy, health communication materials and consultation and advice. It has resource materials to address general health literacy topics, as well as specific health issues and needs of diverse audiences. Health Literacy Network partners will continue to sponsor health literacy conference and training workshops across the Commonwealth.	The development of two web sites that can be viewed at: http://www.chre.vt.edu/projects/ICH/healthlit.htm
Virginia Tech, Institute for Community Health	**AG-Medicine Network** Building on research completed by the Federal Office of Rural Health Policy and the American Academy of Family Physicians, this MOA includes the printing and distribution of over 4,000 copies of a book, *Ag-Med: The Rural Practitioner's Guide to Agromedicine* to providers in rural Virginia. It is anticipated that this book will be placed on a web site and also that it will be translated into Spanish for use among Virginia's migrant farm workers. Over thirty endorsements were received including those from Caring Congregations Program, Union Theological Seminary; Capital Area Rural Health Roundtable, George Mason University; Department of Entomology, Pesticide Programs Unit, Virginia Tech; Migrant Health Network—Alianza de Salud; National Black Farmers Association Integrated Farms Outreach Program; Rural Health Policy Program, Virginia Tech; U.S. Department of Agriculture Rural Development, Virginia Pharmacists Association; Virginia Farm Bureau Federation; Virginia Institute for Pharmaceutical Care; and the Virginia, Maryland and Delaware Association of Electrical Cooperatives. All of the relevant health care provider/professional organizations also endorsed this project.	The *Ag-Med* book was printed and over 4,000 copies were distributed. Also, the Center has mailed copies to other states and health institutions as requested.
Center for Primary Care and Rural Health	**Primary Care Practice Support Project** This MOA with a private consulting firm has concentrated on providing practice management, capital development strategies, and reimbursement expertise for practices in underserved areas, which are being threatened with closure.	This project has a supportive and consultative function with regard to the entire Network.

Listed below are the strategic governing features the VHAN has developed over the past year:

- *Address health access problems, not programs.*

- *Expand VHAN recruitment and retention services by partnering with Blue Ridge Area Health Education Center to develop a web site dedicated to the recruitment of physicians and mid-level health professionals.*

- *Create a sub-network that targets each access issue* such as a network that addresses health literacy.

- *Develop a statewide centralization of experts within each problem area.* This eliminates fragmentation of efforts. In effect, the Center has developed "centers of excellence" around specific issues and has given VHAN the funds to concentrate their efforts.

- *Maximize benefits of overlap of services among problem areas*, e.g., cultural competency, minority health, health literacy and community health advisors. This effort is viewed positively as a strategy to unify health access and health care workforce initiatives. Teams of experts who are working on clearly defined health access and health care workforce issues are tasked with finding solutions, not simply developing programs.

- *Define a problem and seek a solution that is organization specific*. Real health outcomes within communities are expected, not just programmatic outcomes.

- *Organize information regarding problem areas in the same manner as individuals and organizations would search for information on the Internet.* VHAN is structured to facilitate providing information in the way individuals think about access issues and solutions and the way individuals organize their knowledge about health access problems.

In the coming year VHAN anticipates expanding its membership to other groups of non-direct providers of health care who (1) have a concern to improve the health status and health outcomes of Virginia's communities, (2) are willing to address the numerous cultural social and economic barriers that deny access to appropriate and quality health care, and (3) are committed to working together with VHAN partners to improve access to health care.

Primary Care for Vulnerable Populations and the Uninsured to Reduce Health Disparities.

In an effort to address issues confronting vulnerable populations and the unisured the Center participates in programs such as the CMSIP initiative and identifies health professional shortage areas. The Center also identifies barriers to health care access for special populations. One of the issues of the *Five-Year Action Plan* was to identify how VDH could better serve vulnerable populations and the uninsured.

Health Status Disparities. Health status statistics have consistently shown that racial minorities and rural communities are vulnerable populations. The top two areas where health disparities exist are between black and white persons, and between rural and urban residents. Of the Commonwealth's 6.8 million citizens the estimate of total population in poverty is 11.3% and the estimate of total population without insurance coverage is 14.1%.

Table 2 presents statistics for certain health status indicators that show health disparities between the black and white population in Virginia:

TABLE 2

Health Disparities Between Black and White Virginians

Indicator	Black	White	Statewide
Diabetes Mortality Rate (per 100,000 population)	30.5%	17.2%	19.4%
Stroke Mortality Rate (per 100,000 population)	61.6%	56.0%	55.8%
Percentage of Overweight Persons (based on total population)	41.5%	28.2%	30.1%
Infant Mortality Rate (per 1,000 live births)	14.5%	5.5%	7.4%
Low Birth Weight (based on total live births)	12.7%	6.5%	7.9%
Non-Marital Birth Rate (based on total live births)	63.7%	19.9%	29.8%
Homicide Mortality Rate (per 100,000 population)	18.5%	3.1%	6.1%
Reported Cases of Gonorrhea	7,176	882	9,215
Reported Cases of Syphilis	337	28	379

*1998 data provided by the Center for Health Statistics and the Office of Epidemiology within VDH.

Health Outcome Disparities. In the past year, VDH contracted with the Williamson Institute at MCV/VCU to produce the Sentinel Measures Study. This study refers to primary care preventable hospitalizations using Virginia Health Information (VHI) hospital discharge data. For example invasive cervical cancer in women may indicate that they did not receive Pap smears or that their conditions were not diagnosed and treated at an appropriate early state. The measurement of sentinel events, using primary care preventable outcome codes, will help to identify problems either of people not obtaining needed primary care or of not receiving quality care that is prompt and appropriate.

- The top five urban Virginia localities with consistently the highest number of sentinel events (1995-1998) are: **Richmond, Fairfax, Norfolk, Virginia Beach, and Henrico**

An example of the rural/urban health disparity is that 70% of the total Primary Care Health Professional Shortage Areas (HPSA) in Virginia are designated as non-metropolitan. The following data, taken from the Sentinel Measures Study is revealing with regard to health outcomes for rural and urban residents within the state.

- Predominately rural localities that appear in the top seven areas on the basis of the ratio of actual to expected sentinel events (1995-1998) are: **Emporia, Fredericksburg, South Boston, Franklin, Norton, Manassas Park, and Petersburg**

As previously mentioned, the Sentinel Measures Study is an indicator of unnecessary hospitalizations for primary care preventable disorders. It is an independent measure, which is not dependent on physician to population ratios, providing a distinctive health outcomes measure of access to healthcare. The Center's study, therefore, emphasizes the need for *appropriate utilization* of *quality* primary care as a measure of access. Health access and health disparities are seen as distinctive features of the health care system which are independent of the supply of primary care providers.

100% Access and 0 Health Disparities. The Center is participating in the Health Resources Services Administration's (HRSA), Bureau of Primary Health Care (BPHC) campaign for "100% Access and 0 Health Disparities" by the year 2010. The Center, as the state's representative in the State/Federal Primary Care Cooperative Agreement, in coordination with the Virginia Primary Care Association (VPCA), has accepted this federal challenge. The VPCA is the lead agency in Virginia working directly with communities. The Center is participating by providing technical assistance to communities seeking health professional shortage designations, which enables them to better address access and disparity issues at a local level.

The Center provided technical assistance to the following eight communities: Page County, Richmond City homeless population, Free Clinic of Central Virginia in Lynchburg, Newport News-census tracts 301-309 and 313, Mendota in Washington County, Konnarock in Smyth County, Patrick County, and Northwest Roanoke.

The Virginia Primary Care Association and the Center have taken a significant step in placing the Commonwealth in the forefront of this national campaign to reduce health disparities. The 100% Access and 0 Disparities campaign in Virginia also incorporates the Healthy People 2010 initiative using health status indicators and the Center's sentinel measures research to make the removal of health access barriers and the elimination of disparities a community reality for Virginians. The description of HRSA's campaign can be found at http://www.bphc.hrsa.dhhs.gov/campaign.htm.

In the past year, the Center addressed the issues of vulnerable populations and the uninsured by sponsoring three projects that are described below.

1) Dr. David Cockley of James Madison University conducted an assessment of the formative stages of the "Health Depot" program in Nelson County, called the Wellness In Nelson (WIN) Project. Nelson County is a designated Health Professional Shortage Area (HPSA). This model is a pilot project and it mirrors the proposed primary care only insurance program suggested for the uninsured in the *Five-Year Action Plan.* The assessment and analysis will be publicly available in October 2000.

2) The Center developed, in conjunction with adult education specialists at Virginia Tech, Institute for Community Health, a "plain language" training curriculum for the Commonwealth's Children's Health Insurance Initiative (CMSIP). This training allows lay health advisors to assist individuals and families with completing the CMSIP eligibility application forms.

3) Co-sponsored a conference with the Virginia Rural Health Association addressing rural minority health issues.

(ii) Planned activities for the coming year;

The Center's proposed activities will be aligned with available state, federal and private resources. The following are activities the Center could pursue from July 1, 2000 through June 30, 2001.

- *Sentinel Measures Study.* This is a continuation of the major study on *Small Area Analysis of Primary Care Sentinel Events in Virginia: 1995-1998,* which

focuses on primary-care-preventable hospitalizations within the Commonwealth for a four-year period. The report will describe the incidence of hospitalizations for diabetes, hypertension, and asthma in the Commonwealth. This publication will be available to the public in late Fall 2000.

- *Wellness in Nelson (WIN) Passport Program*, also known as, *Nelson County's Health Depot.* This "Health Depot" program, described on page 10, in Nelson County, a designated Health Professional Shortage Area (HPSA), is one of the Commonwealth's most innovative solutions to the problem of the uninsured. The Center funded the evaluation of the program by James Madison University. The findings, which include innovative approaches to health access, will be publicly available in October 2000. The Center is presently supporting the Blue Ridge AHEC in its replication of this project in Page County.

- *Data Health Guide.* The Center for Primary Care and Rural Health Data Health Guide will be available to the public December 2000. It will contain health access data of every county and independent city in the Commonwealth. This data guide provides the basic information that most public and private grant applications require and is depended on by many community based health coalitions.

- *Re-engineering Project.* The Center received approval for funding in fiscal year 2001 to work with the Health Resources and Services Administration (HRSA), Bureau of Primary Health Care (BPHC), Division of Shortage Designations (DSD) on a re-engineering pilot project. This project hopes to streamline the designation process of designating health professional shortage areas and medically underserved areas by allowing the Center to review the first phase of applications, that is normally reviewed by the DSD. Although a number of states applied for the grant, only two states were selected to pilot this process-California and Virginia. The staff at the Center will be trained and authorized by the DSD staff, to work with the DSD software system. This pilot will expedite the application process at the DSD and reduce the waiting period, which may be from three months to one year, to approve a HPSA or a MUA designation application. The Bureau anticipates that it will take one year to train staff at the state level and to evaluate this pilot.

- *HPSA Designations.* The Center will continue all HPSA designations, primary care, dental, and mental. The plan is to continue the state survey for dental HPSAs and in cooperation with MHMRSAS expand the number of mental HPSAs.

- *Critical Access Hospitals Program.* The Center submitted the Virginia Rural Health Plan, which has been accepted by the Health Care Financing Administration (HCFA). This plan allows Virginia to implement the Medicare Rural Hospital Flexibility Program which allows for the establishment Critical Access Hospitals (CAHs). The Center is working with three rural hospitals in their efforts to establish the feasibility of their conversion to CAH status.

- *Scholarship and Loan Repayment.* The Center will continue administering the Virginia Medical Scholarship Program, the Mary Marshall Nursing Scholarship Program, National Health Service Corps Loan Repayment Program, and the Virginia Loan Repayment Program.

- *Resident Recruitment.* The Center's recruitment and retention staff will continue marketing its services by scheduling separate visits with Medical College of Virginia's Family Practice Residency Directors, its second year residents and its third year residents. In addition, the Recruitment Liaison Specialist will be visiting the residency programs at Eastern Virginia Medical School and the University of Virginia.

- *Physician/Psychiatrist Recruitment.* Recruitment and retention services are scheduled to be marketed to the Virginia Association of Community Service Boards in the fall and the Virginia Academy of Internal Medicine in the spring. Plans to speak and market its recruitment and retention services are ongoing with the Medical Society of Virginia and the Virginia Academy of Family Practitioners.

- *Recruitment Web Site.* The Center will continue its Primary Care Workforce Initiatives by expanding its efforts to recruit and retain physicians, psychiatrists and mid-level health care professionals through the Primary Practice Opportunities web site (http://www.ppova.org) and the Center's recruitment services.

- *Public Housing Health Services.* The Center has received funds from the BPHC to implement a low-income urban housing health care access project, in conjunction with Housing and Urban Development (HUD). The project goal is to develop a network with health care providers to collect data and analyze the feasibility of providing services in public housing developments in the East End of Richmond City.

- *Continue Public Private Partnerships.* The Center plans to continue nurturing Public Private Partnerships and maintain the VHAN, providing technical

assistance, conferences, and web site development for issues pertaining to health access and health disparities.

- *Health Care Workforce Database.* The Center will continue its efforts to collect physician data from state and other publicly available databases. It plans to systematically develop the appropriate databases to fulfill the needs of all primary care health planners and policymakers within the state. To accomplish this requirement, VDH plans to take the lead in convening a taskforce of all stakeholders. These data will be presented in a relational database format that is easy to query and available to a broad spectrum of stakeholders. In order to maintain current information in this database, data gathering and storing is an ongoing process.

- *Ag-Med Translation.* The well-received book, *Ag-Med: The Rural Practitioner's Guide to Agromedicine* will be translated into Spanish for use among the migrant labor populations in rural Virginia.

- *Competency Conference.* The Center will continue its work on health literacy and cultural competency by hosting a conference on these subjects with the Northern Virginia AHEC and the Southwest Virginia AHEC.

- *Rural Health Conference.* The Center will co-sponsor with the Virginia Rural Health Association a conference on rural health in the Commonwealth.

(iii) The number and type of providers who have been recruited to care for Virginia's underserved populations and practice in underserved areas and HPSAs in Virginia as a result of the Center's activities;

The General Assembly in 2000, mandated the designation responsibility for Primary Care HPSAs, Mental Health HPSAs, and Dental HPSAs to the Department of Health because of its successful designations of primary care HPSAs. To accomplish the data collection and submission process the Center has established a MOA with VCU/MCV, Department of Health Administration for two master-level interns to assist with data collection and conducting surveys. In order to determine eligibility for a federal Health Professional Shortage Area (HPSA) designation it requires that the Center collect practice-site-specific data of health professionals, as well as conduct surveys of primary care physicians relative to their total hours of service offered at specific site locations. The Center must also track providers that accept Medicaid and Medicare and document number of uninsured patients. The accomplishments of the Center with regard to the HPSA application process over the past year are as follows:

Health Professional Shortage Areas (HPSAs)

- **Primary Care HPSAs**

There were eight new designations in fiscal year 2000. They are listed below:

1) Page County, is eligible and in the process of recruiting a National Health Service Corps (NHSC) physician.

2) Richmond City-Homeless Population was eligible to apply for federal funds and presently will be receiving $300,000 annually for the next three years.

3) Free Clinic of Central Virginia in Lynchburg, applied for and received a grant from the Virginia Health Care Foundation to retain a NHSC Nurse Practitioner for their clinic.

4) Newport News (census tracts 301through 309 and 313) was able to recruit a J-1 physician and request additional NHSC mid-level health care professionals.

5) Mendota in Washington County, is now eligible to apply for a Rural Health Clinic status and recruit a physician and nurse practitioner for its mountain communities.

6) Konnarock in Smyth County, a rural clinic will now be eligible to receive the 10% Medicare Incentive Benefits and will be able to use these funds to recruit additional staff and add a part-time physician to their rural practice.

7) Patrick County is eligible to recruit a NHSC or a J-1 physician.

8) Northwest Roanoke has applied for a NHSC physician and a Nurse Practitioner for the Kuaumba Community Health Center to be opened in the fall 2000.

In addition to the new designations the Bureau of Primary Health Care, Division of Shortage Designation approved the following eight HPSA designation renewal applications:

1) Bedford County - Big Island and Peaks Districts
2) Charlotte County
3) Craig County
4) Petersburg - Federal Correctional Institute

5) Carroll County - Laurel Fork District
6) New Kent County
7) Botetourt County - Northern Area
8) Chesapeake - South Norfolk

Alleghany County's designation was removed this year because the ratio of physicians to population was reduced due to successful recruitment and retention of providers who have made a decision to remain in this area.

For a complete listing of all counties and independent cities, which are Primary Care HPSAs, MUAs and VMUAs refer to Appendix C.

- **Mental Health Professional Shortage Areas**

The Center and the Department of Mental Health, Mental Retardation, and Substance Abuse Services (MHMRSAS) established a MOA to designate Mental HPSAs in the Commonwealth. Supplemental funding was received from MHMRSAS for this process.

Data on eight areas of the state were collected and analyzed for Mental HPSA designation. It was determined that six areas met the criteria for Mental HPSA designation and these were submitted to DSD. They are listed below:

Designated

1) Planning District XII which includes the counties/cities of Danville, Pittsylvania, Martinsville, Henry, Patrick, and Franklin

2) Northern Neck/Middle Peninsula which includes the counties of Westmoreland, Northumberland, Lancaster, Richmond, Essex, Middlesex, Mathews, Gloucester, King and Queen, and King William

Pending

1) LENOWISCO which includes the counties/cities of Lee, Norton, Wise, and Scott

2) Crossroads which includes the counties of Charlotte, Prince Edward, Buckingham, Cumberland, Amelia, and Nottoway

3) Eastern Shore which includes the counties of Accomack and Northampton

4) Mount Rogers which includes the counties/cities of Smyth, Wythe, Grayson, Carroll, Bland, and Galax

Did not meet Mental HPSA Criteria

Data surveys and analysis on the following two areas show that they have adequate mental health professionals to serve the residents of their district.

1) Alleghany District which includes the counties/cities of Alleghany, Clifton Forge, and Covington

2) Highlands District which includes the county/city of Washington and Bristol

Recruitment in Mental HPSA

The benefits of being designated a Mental HPSA has provided the following counties and facilities with successful recruitment efforts. Five psychiatrists (J-1 Visa Waiver Program doctors who are required to work in HPSAs) have been placed for employment by the local Community Service Boards: two were placed in Danville, two in Planning District II (Buchanan, Tazewell, Russell, and Dickenson Counties), and one in Planning District XIX (Sussex, Surry, and Dinwiddie Counties). Presently the Center is working with Community Service Boards and State facilities to recruit additional psychiatrist.

- **Dental HPSAs**

The Center entered into an agreement with the VDH, Division of Dental Services to designate Dental HPSAs in the Commonwealth. This past year eight renewals, one new approved designation, and 17 new pending designations were submitted to DSD. In addition the Center is in the process of collecting data and surveying dentists and have 16 applications in progress. They are listed below:

Renewals

1) Accomack/Northampton
2) Buchanan
3) Charlotte
4) Dickenson
5) Lee
6) Nelson
7) Newport News (census tracts 302-309, 313)
8) Russell

New Approved Designations

Richmond City Homeless Population, enables the Daily Planet, a facility that serves the Homeless to participate in the BPHC Oral Health Initiative as a pilot project for the next three years.

New Requested Designations (pending at DSD)

1) Amelia
2) Appomattox
3) Buckingham
4) Craig
5) Floyd
6) Greene
7) Halifax
8) King and Queen
9) King George
10) Louisa
11) Lunenburg
12) Nottoway
13) Patrick
14) Prince Edward
15) Rappahannock
16) Surry
17) Westmoreland

Applications in Progress

1) Caroline
2) Charles City
3) Danville City
4) Dinwiddie
5) Fluvanna
6) Franklin
7) Henry
8) James City
9) Mecklenburg
10) New Kent
11) Orange
12) Portsmouth City
13) Prince George
14) Smyth

15) Stafford
16) Tazewell

The designation of dental HPSAs will enable communities to recruit dentists who are in either the National Health Service Corp scholarship or loan repayment programs. Other grants are also available for oral health initiatives within dental health professional area. Dentists planning to expand or start a practice are eligible for low interest loans through the Virginia Health Care Foundation, Healthy Communities Loan Fund.

Primary Care Workforce Initiatives

The Center links communities and health professionals though its recruitment of health professionals. It continues to strengthen its medical practice management capabilities in order to retain primary care providers in underserved areas of the Commonwealth. Increasingly throughout the 1990s, the market for primary care physicians became a national and even an international market. Significant outcomes from the Center's primary care workforce initiatives over the past year include the following:

- The Virginia Medical Scholarship Program has **40 scholars** currently working in underserved areas to fulfill their scholarship obligation. These scholars have completed a total of 38 years of service and have a total of 51 years remaining on their obligation.

- J-1 Visa Waiver Program placed **19 primary care physician applicants** in Primary Care and Mental Health HPSAs.

- Through the nursing and LPN scholarship program the Center has **93 nursing graduates** working in the Commonwealth to fulfill their scholarship obligation.

- National Health Service Corps (NHSC)-State Loan Repayment Program awarded loan repayment to **two new physicians** during the past year; one in Grayson County and one in Page County. **Five physicians** worked in designated HPSAs to complete their service obligation over the past year.

- The Center works diligently to match practitioners with practice sites that will be mutually beneficial for both entities. The Center's recruiter liaison successfully placed five Family Practitioners, one OB/GYN, one Pediatrician, and one Nurse Practitioner, totaling **eight placements** in underserved areas. These placements were in addition to placements made by the J-1 Visa Waiver Physician, loan repayment, and scholarship programs. The recruiter

liaison established contact with **44 clinicians and 23 sites** last year. Currently, the Center is assisting **28 practice sites** with recruitment in medically underserved areas that are searching for physicians or midlevel providers.

- Center staff marketed the recruiting services by making presentations and visits to the three medical schools in the state. In addition, visits were made to the schools' residency programs, and presentations were provided to the Medical Society of Virginia, and the Virginia Academy of Family Practitioners.

(iv) The retention rate of providers who have located in underserved areas and HPSAs as a result of the Center's activities;

Recruitment

As competition for physicians increased, recruitment and retention programs have become necessary. The Center with its VHAN partners has developed a state-of-the-art recruitment web site found at www.ppova.org. The log of the recruitment web site through August 22, 2000 (Table 3) reveals some of the outreach that is possible through the VHAN's Internet recruitment efforts. There were a greater number of web site contacts in May and June and less in the later summer months. Detailed records such as these have demonstrated successful outreach of this portion of the recruitment effort.

TABLE 3
Primary Practice Opportunities of Virginia Report
http://www.ppova.org

Timeframe	# Hits Home Page	# Hits Entire Site	Avg. Hits Per Day	Most Act. Day of Week	2nd Active Day of Week	Time of Day Most Act.	Time of Day 2nd Active	# Users Visit Once	# Users More/ Once
Mon. 5/22/00-Thur. 6/8/00 (18 days)	420	10,300	605	Wed.	Sat.	2-4 pm	9-10 pm	155	76
Thurs. 6/8/00-Tues. 6/27/00 (20 days)	527	9,861	493	Thurs.	Tues.	10-11 pm	4-5 pm	248	153
Thurs. 6/29/00-Wed.7/12/00 (14 Days)	148	3,662	281	Tues.	Thurs.	12-1 pm	11-12 pm	123	72
Wed. 7/12/00-Fri. 7/28/00 (17 days)	173	4390	274	Wed.	Sat.	9-10 pm	10-11 pm	112	109
Wed. 8/2/00- Tue. 8/15/00 (14 days)	116	2,881	221	Mon.	Wed.	1-2 pm	11-12 am	108	119
Wed. 8/16/00- Tue. 8/22/00 (7 days)	65	1,613	268	Wed.	Thurs.	11-12 am	10-11 am	102	9

The proof of effectiveness is measured, however, in terms of positions filled (Table 4). The majority of the positions filled (86%) were filled by people whose information came from "other outside or unknown sources." This can be accounted for by (1) most of these positions had been listed before the employer had become aware of the web site, (2) special programs, such as J-1 Waiver Program physicians, are not included in the VDH or web site data. The web site may still have unmeasured effectiveness since it provided information on the positions and this may have assisted in filling the position of already interested candidates.

A comparison of Table 3 and 4, demonstrates that the web site provides a Recruitment and Retention (R&R) presence on the weekends and off-hours, which strengthens the efforts of the R&R liaison specialist at the Center. In addition, the web site is being used by health professional organizations as a tool to strengthen their recruitment efforts. VHAN is actively recruiting these organizations to work in partnership to target the recruitment efforts of medically underserved areas.

TABLE 4

Practice Opportunity Data Statistics*

Current Statistics				Source of Information (Filled Positions)			Percent of Total Annual Open Positions which have been Filled
AHEC Regions	**Total Annual Open Positions**	**Current Open Positions**	**Filled Positions**	**VDH**	**Web Site**	**Other**	
Blue Ridge	22	13	9	1	1	7	41.0%
Eastern Virginia	11	7	4	0	0	4	36.4%
Greater Richmond	2	1	1	0	0	1	50.0%
Northern Virginia	5	2	3	1	1	1	60.0%
Rappahannock	6	5	1	0	0	1	16.7%
South Central	23	20	3	0	0	3	13.0%
Southside	8	6	2	0	1	1	25.0%
Southwest	47	34	13	0	0	13	28.0%
Totals	**124**	**88**	**36**	**2**	**3**	**31**	29.0%
Percent Total Filled by Source of Information				6%	8%	86%	

*Data are limited to medically underserved areas of the Commonwealth and excludes J-1 Visa Waiver Program placements.

Center staff marketed the recruiting services by making presentations and visits to the three medical schools in the state. Also, visits were made to the schools' residency

programs, the Medical Society of Virginia, and the Virginia Academy of Family Practitioners.

The Center's R&R Liaison Specialist has established a working relationship with the Department of Corrections, Department of MHMRSAS, statewide facilities and the Community Service Boards to assist these state agencies with recruitment of qualified health professionals.

Retention

National Health Service Corps (NHSC)-State Loan Repayment Program had two participants complete their service obligation. They have continued to practice in the underserved area where they were originally placed.

One state loan repayment was awarded to a physician working in Scott County, enabling the physician to remain practicing in this underserved area.

In an effort to retain practitioners, the Center has provided practice management support to five primary care practices in Southwest Virginia that were being threatened with closure. A MOA with a CPA who is a Certified Medical Coder provides this *pro bono* service, assisting and training physicians and their staff how to effectively submit reimbursements to insurance companies, Medicare and Medicaid. This service presently is available to physicians who are practicing in HPSAs in South West Virginia.

The Center also works with the Virginia Health Care Foundation, which administers the Healthy Communities Loan Fund. This program offers low-interest loans to providers who are located in designated underserved areas. This service is an important way of retaining physicians and dentists in the Commonwealth. In the past year (FY 1999-2000) $2.6 million of low interest loans were awarded to 12 physicians, 3 dentists 2 dental hygienists and 9 nurse practitioners. These low interest loans were used to start a practice or expand an existing practice. Therefore, the loans could be used for either recruitment or retention efforts.

The Center has contacted 5 of the J-1 physicians who received visa waivers in 1997 and have completed their three-year contracts this year (2000) with medical practices in HPSAs in an effort to determine whether they plan to remain in Virginia. All have decided to remain in Virginia to continue practicing in underserved areas. The Center plans to request the physicians to identify important factors contemplated in their decision to remain in the state. This information will be helpful in increasing retention efforts.

(v) The utilization of the scholarship and loan repayment programs authorized in Article 6 (§ 32.1-122.5 et seq.) of this chapter as well as other programs or activities authorized in the appropriation act for provider recruitment and retention;

At the federal and state level, medical scholarships and loan repayment programs were developed to attract primary care providers to medically underserved areas. The Virginia medical and nursing scholarship programs are intended to provide financial incentives for primary care providers to practice in high need regions of the state. The scholarships are annually awarded to medical and nursing students and first-year primary care residents in exchange for year for year commitments to practice in designated areas. Qualifying medical students receive $10,000 per year for up to 5 years.

TABLE 5
Practice Sites of Virginia Medical Scholars

County	Number of Placements
Augusta	1
Accomack	1
Amelia	1
Bedford	1
Big Stone Gap	1
Blacksburg	1
Blackstone	1
Bristol	1
Danville	2
Dahlgren	1
Emporia	1
Essex/Richmond Co.	1
Galax	1
Giles	2
Henry	1
Lancaster	2
Louisa	1
Lunenburg	1
Nassawadox	1
Norfolk	2
Nottaway	1
Onley	1
Page	1
Portsmouth	1
Richmond City	1
Roanoke	1
Smyth	1
South Boston	1
Southampton	1
Staunton	1
Stuart (Patrick Co.)	1
Virginia Beach	1
Washington	2
Weber City	1
Wytheville	1

For FY 1999-2000, there were **40 scholars working in 35** different jurisdictions (See Table 5).

For FY 1999-2000 the Virginia Medical Scholarship Program awarded **41 Virginia Medical**

The Center for FY 1999-2000 awarded **81 RN scholarships** and **50 LPN scholarships** with **93 nursing scholars** currently working in the Commonwealth.

National Health Service Corps (NHSC)-State Loan Repayment Program awarded loan repayment to **two new physicians** in the past year; one in Grayson County and one in Page County. **Five physicians** during the past year were working in designated HPSAs throughout the Commonwealth to complete their service obligation.

(vi) Recommendations for new programs, activities and strategies for increasing the number of providers in Virginia's underserved areas and HPSAs and serving Virginia's underserved populations.

Scholarships and Loan Repayment.

Nationally there is a shift away from scholarships to loan repayment programs. The difficulty with scholarships is that they are awarded at a point in time when the student has not yet matured in terms of the type of practice he or she would want to pursue. The scholarship contract requires the student to make a commitment that they will practice in a medically underserved area. The commitment must be made during medical school or the first year of residency, years before such a determination is often made. Loan repayment programs occur in close proximity with the decision to begin a medical practice and therefore represent a career decision in a way that scholarships can not.

The importance of scholarships should not be underestimated, however, because they are a major tool in recruiting students from rural and underserved areas where financial aid is required. It is these students who are more likely to return to an environment similar to their community of socialization and therefore need added incentives to pursue medical education.

The information provided in the options listed below is only in response to language in the *Code of Virginia*. It should not be construed as a request for funds or staffing.

Option 1: Current level of funding for medical and nursing scholarships remains at their present level.

Option 2: Increase medical and nursing scholarship awards to remain competitive with Virginia's contiguous states (See Table 6) and to stimulate movement into Virginia's medically underserved areas.

Option 3: Allow expenditure of all monies remaining in scholarship funds or paid back on default of scholarship obligations could be placed in a special fund and used for loan repayment and recruitment and retention efforts.

Option 4: Maintain the State Loan Repayment Program at the same level as the federal National Health Service Corp program level.

Option 5: Supplement the General Fund appropriations for nursing scholarships to arrive at an amount per scholarship that is on par with other primary care professionals.

TABLE 6
Scholarship Funding [a.]

Scholarship	*Present Level*	#	Total Dollars (GF and SF)	*Proposed Range*	#	Total GF Dollars
Medical Scholarship [b.]	**$10,000**	**87**	**GF $465,000**	**$10,000 to $15,000**	**87**	**$465,000 to $697,500**
Physician Assistance Scholarship	**0**	**0**	**0**	**$5,000 to $8,000**	**5**	**$25,000 to $40,000**
Nursing Scholarships Nurse Practitioner (NP) and Midwife	**5,000**	**5**	**GF $25,000**	**$5,000 to $8,000**	**5**	**$25,000 to $40,000**
Nursing Scholarships Registered Nurse (RN)	**$1,000 to $1,400**	**[d.]**	**GF $100,000 BON [c.] contributes- $20,000 to $30,000**	**$2,000 to $6,000**	**30**	**$100,00 to $150,000 [BON [c.] contributes $20,000 to $30,000**
Nursing Scholarships Licensed Practical Nurse (LPN)	**$120 to $350**	**[d.]**	**GF $0.00 BON contributes $12,000 to $18,000**	**$500 to $2,500**	**25**	**$12,500 to $62,500**
Nursing Scholarships Certified Nurses Aid (CNA) [e.]	**None**	**0**	**GF $0.00 BON $0.00**	**$500 to $1,000**	**20**	**$10,00 to $20,000**
TOTAL	**Present General Funds = $615,000**			**Proposed General Funds $657,500 to $1,160,000**		

a. Any unexpended scholarship funds reverts to the Medical Loan Repayment Fund.

b. The Medical Scholarship monies are distributed as follows: East Tennessee State University 4 scholarships at $10,000 per scholarship, Pikeville, Kentucky, School of Osteopathic Medicine, 2 scholarships at 10,000. The remainder of the $465,000 appropriation is divided equally between the three medical schools within the Commonwealth. Each school receives $135,000 for 27 scholarships. The state portion for each scholarship is $5,000 with a $5,000 medical school match. Unused funds rollover into the Virginia Medical Loan Repayment Program.

c. The Board of Nursing (BON) contributes a portion of their licensure fees to a scholarship fund for Registered and Licensed Practical Nurses.

d. The number of scholarship recipients and the size of the scholarship depend on the pool of qualified applicants and the amount of funds available. The Nursing Scholarship Advisory Committee sets the qualification standards.

e. The CNA Scholarship program is in the *Code of Virginia* but no monies have been appropriated to support this endeavor.

Option 6: Fund a state scholarship and loan repayment program for Physician Assistants, as established by the *Code of Virginia* (see § 32.1-122.6:03.).

Option 7: Increase the funding for the state loan repayment program for primary care physicians, physician assistants, and nurse practitioners. The $500,000 received from the 2000 General Assembly is designated specifically for use by the Department of Mental Health, Mental Retardation, and Substance Abuse Services (MHMRSAS) for their residency mentorship program. Therefore, the State Loan Repayment Program for primary care physicians and mid-level providers is funded solely from funds not used by the Virginia Medical Scholarship Program.

Option 8: Support the implementation of all options 1 through 6.

Practice Management

Consistent with the loan repayment programs discussed above, practice management support brings expertise to bear on practices, which already exist but have become financially unstable. The purpose of this program is to retain physicians in underserved areas. A common scenario is that a physician must discontinue a salaried position and develop an independent practice with little billing or business expertise. The practice management consultants will provide technical assistance to the physicians staff to code billings properly to optimize and improve reimbursements. The VDH, Center of Primary Care and Rural Health could develop a model program where local consultants would provide practice management support at reduced fees and/or *pro bono.* This would resemble the assistance in other professions where such support proves in the long run to be beneficial to the professional and the community.

To develop the organizational expertise for this service within the Center could require a dedicated staff and clerical support. At least $50,000 is needed to establish a revolving fund that could collect interest. This fund will be used to contract with practice management consultants to provide practice management services as described above. The goal of this program is to create financially sound practices that will enable a physician to remain in the community. After a practice is rendered stable, a percentage of the revenues collected by the practice will be returned to the Center and deposited in the fund. Establishing this fund will enable the Center to assist other practices in need of this practice management services.

The information provided in the options listed below is only in response to language in the *Code of Virginia*. It should not be construed as a request for funds or staffing.

Option 1: The Center could continue to refer practice sites in need of assistance to practice management services that may charge a fee for their services.

Option 2: *Appropriate* FTEs to provide practice management services.

TABLE 7

FTE Requirements to Support Statewide Practice Management Assistance Program

Staff	Present FTE	FTE needs
Statewide Practice Management Assistance Coordinator	**0.0**	**1.0**
Clerical Staff	**0.0**	**0.5**
TOTAL	**0.0**	**1.5**

Option 3: Appropriate the funds needed to establish the revolving fund for practice management services.

Option 4: Support both Option 1 and 2 for practice management services.

Options Related to Program Administration

As the medical and loan repayment programs were implemented there were no funds appropriated for the administration of these programs. Funding for administration of these programs comes from a combination of federal funds and general funds appropriated for the *Five-Year Access Plan.*

The information provided in the options listed below is only in response to language in the *Code of Virginia*. It should not be construed as a request for funds or staffing.

Option 1: Appropriate funds for each scholarship or loan repayment program to be used for managing the program at 12% of funding for each program. This program management function must also include the funding of the designation process, which makes such programs viable.

Option 2: Appropriate funds for management fees for designation of dental and mental HPSAs.

New Designations

As changes within the health care system occur shortages of specific primary care specialties can emerge. The primary care specialties of immediate concern are obstetrics, perinatal care and pediatrics. The VDH Division of Maternal and Child Health in conjunction with the local Perinatal Councils and with technical expertise from the

Northern Virginia Health Planning Agency has developed strategies for designating obstetrical shortage areas. Such designations would lead to targeted fiscal support and technical assistance for family physicians or obstetrical specialists who would be willing to practice in such areas. By extension, it can be seen that other specialties such as pediatrics or geriatrics may be lacking within areas of the Commonwealth, thus limiting access to care for specific age groupings.

The information provided in the options listed below is only in response to language in the *Code of Virginia*. It should not be construed as a request for funds or staffing.

Option 1. The Center in collaboration with other VDH departments will analyze the availability of health status and outcome data to determine if specific areas of the Commonwealth need to be designated as primary care shortage areas.

Option 2. The Center in collaboration with other VDH departments will research the necessity of targeting assistance to specialty primary care providers.

Option 3. The Center will continue its outcome studies to determine if disease management within specific regions of the Commonwealth is being addressed appropriately. The Center will develop a strategy for targeting these areas.

Center Staff and Budget Summary To Accomplish Proposed Programs and Improve Existing Programs

The Center has very effectively leveraged its staff capacity within the VHAN and through contracting for key services. To take the Center's efforts to a level comparable to the staff investments of Virginia's contiguous states the following increases would be required. As the Center has detailed in other reports, the HPSA designation process and the technical assistance rendered for grants and reimbursement coding, have a significant fiscal impact on Virginia's underserved areas. The increase of FTEs will greatly facilitate the Center's ability to provide technical assistance to providers in the Commonwealth's medically underserved areas, for example grant availability, reimbursement coding, recruitment, and retention efforts. Table 8 summarizes the present and future needs for FTE's within the Center.

TABLE 8

Present and Future FTE Profile of Center

Staff	Present FTEs	FTEs to Accomplish Proposed Activities
HPSA, MUA, VMUA, J-1 Visa Waivers, Primary Care projects	1.0	2.0
Rural Health	1.0	2.0
Scholarship, Loan Repayment, Primary Care Projects	.6	1.5
Nursing Scholarship	.7	1.0
Recruitment and Retention Liaison Specialist	.6	2.0
Practice Management Coordinator	0.0	1.0
Support Staff	0.3	1.8
TOTAL	4.2	11.3

TABLE 9

Budget Support

		FY 2001		Future Funding for Proposed Activities Based on Options Presented		Difference Between Current and Proposed funding
Line	**Item**	**Federal**	**State GF**	**Federal**	**State GF**	**State GF**
1	Center Staff (TABLE 7 and 8)	$183,500	$60,000	$183,500	$364,500	$304,500
2	VHAN (TABLE 1)		290,000		500,000	210,000
3	Scholarships (TABLE 6)		1,115,000		1,660,000*	545,000
4	Practice Management Contracts		10,000		$90,000	$80,000
5	Critical Access Hospital	210,000		210,000	0	0
6	Contractual (Sentinel Measures, etc.)	65,000		65,000	0	0
7	Supplies and Services	12,530	$11,052	$22,020	$43,740	$32,688
TOTAL		$471,030	$1,486,052	$480,520	$2,658,240	$1,172,188

*Difference between FY 2000-2001 and 2001-2002 ($500K utilized by MHMRSAS)

The VDH, Center will continue to leverage its resources through public private partnerships and through the development and expansion of the VHAN and other parties interested in health access and health care workforce issues. The additional funds needed are commensurate with the returns that these investments accrue. The largest part of the monies would be targeted to supporting new and vulnerable providers in medically underserved areas of the Commonwealth.

The increase in FTEs and general fund appropriations is required to fulfill the Center's newly mandated health access and health care workforce services. The Center would analyze and evaluate the effectiveness of state-administered health workforce programs Support staff is needed to assist with expanded programs, such as loan repayment for physicians, mid-levels, and nursing, and dental and mental HPSA designations. In addition, the Center could provide a quality recruitment and retention program, by marketing our services to all residency programs, Virginia medical societies, and state institutions. Training on resume and interview skills could be provided to Virginia Scholars and interested residency programs. Requests have been received from providers on training for recruitment, marketing their areas of Virginia, and practice management in order to retain physicians in underserved areas. The Center would provide educational programs to providers on diverse populations that are isolated because of language barriers and are unable to access health care because of cultural differences.

In addition, the Center would hold regional recruitment fairs to encourage residents to serve in rural medically underserved areas. The Center would initiate an extensive retention study of all the placements of health care professionals that have accessed our services to determine their satisfaction and reason for remaining in Virginia. Also, a recruiter needs to be able to recruit out-of-state to bring the best-qualified candidates to Virginia.

The Center will continue to address outcome measures by refining its primary care sensitive sentinel events measurements and evaluate alternative ways to bring primary health care for the uninsured into Virginia's health care marketplace.

All of these initiatives will allow the Center to more effectively and efficiently address health access issues and health outcomes in medically underserved communities and the vulnerable populations of Virginia.

*Note: For copies of appendices, please call the Center at (804) 786-4891.